



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to ALLEGHENY COUNTY EXECUTIVE
LEGAL ENTITY

To operate SHUMAN CENTER
NAME OF FACILITY OR AGENCY

Located at 7150 HIGHLAND DRIVE, PITTSBURGH, PA 15206
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Secure Detention
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 120
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 3800: Child Residential and Day Treatment Facilities
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 4, 2015 until October 4, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 414310

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



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DEPARTMENT OF HUMAN SERVICES

JUN 30 2015

Mr. Earl Hill, Director
Allegheny County Executive
7150 Highland Drive
Pittsburgh, Pa. 15206

RE: Shuman Center
414310

Dear Mr. Hill:

The Department has received your June 29, 2015 renewal application to operate the above Secure Detention pursuant to Title 55, PA Code, Chapter 3800. A regular license is being issued in response to your application. Your license is enclosed.

Please be advised that, pursuant to 55 Pa. Code § 20.31 (relating to annual inspection), the Department is required to conduct an onsite inspection of the above Secure Detention at least once every twelve months. The Department will conduct an inspection of Shuman Center within the next twelve months. If evidence of noncompliance with Title 55, PA Code, Chapter 3800 is found during the inspection, the Department will take appropriate enforcement action.

If you have any questions about the Department's revised process, please contact the Bureau of Human Services Licensing's Provider Support Hotline at 1-866-503-3926 or by electronic mail at ra-pwarlheadquarters@state.pa.us.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure
License